

Building Commissioner  
 Ed Batteiger

**General Permit for Roofing, Soffit/Facia,  
 Windows, & Exterior Wall Covering**

Administrative Assistant  
 Alicia Denning

<b>Permit Date:</b>		<b>Permit #:</b>
<b>Township:</b>		<b>Total Fee:</b>
<b>Site of Job Street:</b>		<b>City:</b>
<b>Owner Name:</b>	<b>Contractor:</b>	
Address:	Address:	
City:	City:	
State:	State:	
Zip code:	Zip code:	
<b>Architect/ Designer:</b>		<b>Contractor License #</b>
Address:		
City:	State:	Zip code:
Phone #:	Fax #:	Email:
Proposed use (List # of living units if applicable) :	Square footage:	Total Value of Work:

**Class of Work:** (Please list type- New, Addition, Alteration, Tenant Finish, Repair, or Replace)

**Use of Building:** (Please list type- Single Family Residence/Duplex, Garage, Multi Family Residence, Commercial)

**\*\*Roofing Details: Reminder- Only 2 layers of roofing is allowed. If you are tearing off layers, you must remove all previously laid layers. Complete Tare off**

Number of Squares:

**Please mark the type of roofing used: (example "X")**

3-Tab: XX	T-Loc:	Built-up:
Tile:	Rolled:	Metal:
Modified:	Dimension/ Architect:	Urethane:
Cedar:	Shake-Light:	Shake-Medium:
Shake-Heavy:	Membrane:	Other:
Brand Name:	Spec. #:	

**Exterior Wall Covering Details:**

Number of Square Feet:

**Please mark the type: (ex. "X")**

Vinyl:	Aluminum:	Steel:
Wood:	Stucco:	Other:

**Windows:**

Number of windows:

**Please mark the type: (ex. "X")**

Vinyl:	Vinyl & Wood:	Vinyl & Aluminum:XX
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The undersigned agrees to: Any changes ( to the structure or location) for which this permit is issued will comply with all the applicable laws of the State of Indiana and ordinances of Posey County. All work will be done in accordance with the appropriate Building Code as adopted by the State of Indiana.

The undersigned also agrees: The appropriate office will be notified of any changes in the work, scope and substance covered by this Permit.

<b>X</b>	<b>X</b>
(Signature of Owner, Contractor, or Authorized Agent)	(Print Name and Title)